#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Section FORM·D OMB APPROVAL OMB Number: 3235-0076 February 28, 2009 Expires: Section Estimated average burden Hours per response: 16.00 SEC USE ONLY TEMPORARY Washington, DC FORM D Prefix Serial NOTICE OF SALE OF SECURITIE PURSUANT TO REGULATION D. 110 DATE RECEIVED SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Portfolio Advisors Private Equity Fund V, L.P. Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ☐ New Filing Type of Filing: A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) Portfolio Advisors Private Equity Fund V, L.P. Telephone Number (Including Area Code) Address of Executive Offices (Number and Street, City, State, Zip Code) (203) 662-3464 c/o Portfolio Advisors, LLC, 9 Old Kings Highway South, Darien, Connecticut 06820 Telephone Number (Including Area Code) Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) **Brief Description of Business** To operate as a private investment partnership.

CN for Canada; FN for other foreign jurisdiction)

DE

GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of § 230.503T.

Month

03

Year

07

other (please specify):

□ Actual

#### Federal:

Type of Business Organization

corporation

■ business trust

Actual or Estimated Date of Incorporation or Organization:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

limited partnership, already formed

☐ limited partnership, to be formed

Jurisdiction of Incorporation or Organization (Enter two-letter U.S. Postal Service abbreviation for State:

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

**Information Required:** A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

MAR 1 I 2009

|                  |         | * ***                             |                                       | A DACIC IDEN   | TIFICATION DATA                        |                           |                                      |
|------------------|---------|-----------------------------------|---------------------------------------|--|--|---------------------------|--------------------------------------|
|                  |         |                                   | · · · · · · · · · · · · · · · · · · · |  | TIFICATION DATA                        |                           | <u> </u>                             |
| 2.               | En      | ter the information               | on requested for th                   | e following:   |  |                           |                                      |
|                  | 0       | Each promoter                     | of the issuer, if th                  | e issuer has been organized                                | within the past five years;            |                           |                                      |
|                  | o       | Each beneficia of the issuer;     | l owner having the                    | e power to vote or dispose, o                              | or direct the vote or disposition      | n of, 10% or more of      | a class of equity securities         |
|                  | o       | Each executive                    | officer and direct                    | or of corporate issuers and                                | of corporate general and mana          | ging partners of parti    | nership issuers; and                 |
|                  | 0       | Each general a                    | nd managing partr                     | ner of partnership issuers.                                |  |                           |                                      |
| Check            | Box(c   | s) that Apply:                    | Promoter                              | Beneficial Owner   | Executive Officer                      | Director                  | General Partner                      |
| Full N           | ame (I  | ast name first, if                | `individual)                          |  |  | <del></del>               | <del></del>                          |
| PAPE             |         |                                   | marriadar)                            |  |  |                           |                                      |
|                  |         | Residence Addre                   |                                       | r and Street, City, State, Zi                              |  |                           |                                      |
|                  |         |                                   |                                       | lighway South, Darien, C                                   |  |                           |                                      |
| Check            | Box(e   | s) that Apply:                    | Promoter                              | ☐ Beneficial Owner   | Executive Officer                      | Investment Committee      | General and/or Managing Partner      |
| Full No Crotty.  |         | ast name first, if                | individual)                           |  |  |                           |                                      |
|                  |         | Residence Addre                   | ss (Numbe                             | r and Street, City, State, Zi                              | p Code)                                | · .******                 |                                      |
| c/o Po           | rtfoli  | o Advisors, LL                    | C, 9 Old Kings I                      | lighway South, Darien, C                                   | •                                      |                           |                                      |
| Check            | Box(c   | s) that Apply:                    | Promoter                              | ☐ Beneficial Owner   | Executive Officer                      | Investment Committee      | ☐ General and/or<br>Managing Partner |
|                  |         | .ast name first, if<br>/illiam J. | individual)                           |  |  | -                         |                                      |
|                  |         | Residence Addre                   | •                                     | r and Street, City, State, Zij<br>Highway South, Darien, C |  |                           |                                      |
|                  |         | s) that Apply:                    | Promoter                              | Beneficial Owner   | Executive Officer                      |                           | General and/or                       |
| <b></b>          | 2011(2  | -,                                |                                       |  |  | Committee                 | Managing Partner                     |
| Full Na<br>Murph |         | ast name first, if                | `individual)                          |  |  |                           |                                      |
|                  |         | Residence Addre                   |                                       | r and Street, City, State, Zi                              |  |                           |                                      |
|                  |         |                                   |                                       | Highway South, Darien, C                                   |  | <b>⊠</b> 1                |                                      |
| Check            | Box(e   | s) that Apply:                    | Promoter                              | ☐ Beneficial Owner   | ☐ Executive Officer                    |                           | ☐ General and/or<br>Managing Partner |
|                  | -       | ast name first, if                | individual)                           |  |  |                           |                                      |
| Smole            |         | nna O.<br>Residence Addre         | ss (Numbe                             | r and Street, City, State, Zig                             | n Code)                                |                           | <del></del>                          |
|                  |         |                                   |                                       | lighway South, Darien, C                                   | •                                      |                           |                                      |
|                  |         | s) that Apply:                    | Promoter                              | Beneficial Owner   | Executive Officer                      | Investment<br>Committee   | General and/or Managing Partner      |
| Full Na          |         | ast name first, if                | `individual)                          |  |  |                           |                                      |
| Busine           | ss or I | Residence Addre                   | ss (Numbe                             | r and Street, City, State, Zip                             | p Code)                                |                           |                                      |
|                  |         | o Advisors, LLss) that Apply:     | C, 9 Old Kings F  Promoter            | Highway South, Darien, C  Beneficial Owner                 | Connecticut 06820  Executive Officer   | ☐ Investment<br>Committee | General and/or Managing Partner      |
| Full N           | ame (I  | ast name first, if                | individual)                           |  | ······································ |                           |                                      |
|                  |         | larry D.                          |                                       |  |  |                           |                                      |
|                  |         | Residence Addre                   | •                                     | r and Street, City, State, Zip                             |  |                           |                                      |
| c/o Po           | rtfolio | Advisors, LL                      | C, 9 Old Kings F                      | lighway South, Darien, C                                   | Connecticut 06820                      |                           |                                      |

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|   |  |  |  |  | В.                                 | INFORMA                                  | TION ABO                                  | OUT OFFE                                     | RING  |                                   |  |   |                              |         |
|---|--|--|--|--|------------------------------------|--|---|--|---|-----------------------------------|--|---|------------------------------|---------|
| Yes  1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? |  |  |  |  |                                    |  |   |  |   | ] ⊠<br>5,000,000*<br>es No        |  |   |                              |         |
| 4.  | Enter the remune agent of persons Applications | ne informateration for station for station for station for station for stationary statio | tion request<br>solicitation<br>or dealer re<br>ed are assoc | ed for each<br>of purchase<br>gistered wi<br>iated perso | person whers in conn<br>th the SEC | no has been<br>ection with<br>and/or wit | or will be<br>sales of se<br>h a state or | paid or giv<br>curities in t<br>states, list | en, directly<br>the offering<br>the name of | or indirect If a perso the broker | ly, any con<br>on to be list<br>or dealer. | mission or<br>ed is an ass<br>If more tha | ociated person on five (5)   | or<br>— |
| Full Na   | me (Last                                       | name first   | t, if individ  | ual)<br>   | ,                                  |  |   |  |   |                                   |  |   |                              |         |
| Busines   | ss or Res                                      | idence Ad  | dress (Num   | ber and Str  | eet, City, S                       | tate, Zip C                              | ode)                                      |  |   |                                   |  |   |                              |         |
| Name o  | of Associ                                      | ated Broke   | r or Dealer  |  |                                    |  | -   |  |   |                                   |  |   |                              |         |
|   |  |  | ted Has Sol<br>or check in                                   |  |                                    | olicit Purch                             | asers                                     |  |   |                                   |  | ☐ Al                                      | States                       |         |
|   | [AL]<br>[IL]<br>[MT]<br>[RI]                   | [AK]<br>[IN]<br>[NE]<br>[SC]   | [AZ]<br>[IA]<br>[NV]<br>[SD]                                 | [AR]<br>[KS]<br>[NH]<br>[TN]                             | [CA]<br>[KY]<br>[NJ]<br>[TX]       | [CO]<br>[LA]<br>[NM]<br>[UT]             | [CT]<br>[ME]<br>[NY]<br>[VT]              | [DE]<br>[MD]<br>[NC]<br>[VA]                 | [DC]<br>[MA]<br>[ND]<br>[WA]                | [FL]<br>[MI]<br>[OH]<br>[WV]      | [GA]<br>[MN]<br>[OK]<br>[WI]               | [HI]<br>[MS]<br>[OR]<br>[WY]              | [ID]<br>[MO]<br>[PA]<br>[PR] |         |
| Full Na   | me (Last                                       | name first   | t, if individ  | ual)   |                                    |  |   |  |   |                                   |  |   |                              |         |
| Busines   | ss or Res                                      | idence Ad  | dress (Num   | ber and Str  | eet, City, S                       | tate, Zip C                              | ode)                                      |  |   |                                   |  |   |                              |         |
| Name o  | of Associ                                      | ated Broke   | r or Dealer  |  |                                    |  |   |  |   |                                   |  |   |                              |         |
|   |  |  | ted Has Sol<br>or check in                                   |  |                                    | olicit Purch                             | asers                                     |  |   |                                   |  | ☐ All                                     | States                       |         |
|   | [AL]<br>[IL]<br>[MT]<br>[RI]                   | [AK]<br>[IN]<br>[NE]<br>[SC]   | [AZ]<br>[IA]<br>[NV]<br>[SD]                                 | [AR]<br>[KS]<br>[NH]<br>[TN]                             | [CA]<br>[KY]<br>[NJ]<br>[TX]       | [CO]<br>[LA]<br>[NM]<br>[UT]             | [CT]<br>[ME]<br>[NY]<br>[VT]              | [DE]<br>[MD]<br>[NC]<br>[VA]                 | [DC]<br>[MA]<br>[ND]<br>[WA]                | [FL]<br>[MI]<br>[OH]<br>[WV]      | [GA]<br>[MN]<br>[OK]<br>[WI]               | [HI]<br>[MS]<br>[OR]<br>[WY]              | [ID]<br>[MO]<br>[PA]<br>[PR] |         |
| Full Na   | me (Last                                       | name first   | t, if individ  | ual)   |                                    |  |   |  |   |                                   |  |   |                              |         |
| Busines   | ss or Res                                      | idence Ade   | dress (Num   | ber and Str  | eet, City, S                       | tate, Zip C                              | ode)                                      |  |   | <del></del>                       |  |   |                              |         |
| Name o  | of Associ                                      | ated Broke   | r or Dealer  | · · · · · · · · · · · · · · · · · · ·                    |                                    |  |   |  |   |                                   |  |   |                              |         |
|   |  |  | ted Has Sol<br>or check in                                   |  |                                    | olicit Purch                             | asers                                     |  |   |                                   |  | ☐ All                                     | States                       |         |
|   | [AL]<br>[IL]<br>[MT]<br>[RI]                   | [AK]<br>[IN]<br>[NE]<br>[SC]   | [AZ]<br>[IA]<br>[NV]<br>[SD]                                 | [AR]<br>[KS]<br>[NH]<br>[TN]                             | [CA]<br>[KY]<br>[NJ]<br>[TX]       | [CO]<br>[LA]<br>[NM]<br>[UT]             | [CT]<br>[ME]<br>[NY]<br>[VT]              | [DE]<br>[MD]<br>[NC]<br>[VA]                 | [DC]<br>[MA]<br>[ND]<br>[WA]                | [FL]<br>[MI]<br>[OH]<br>[WV]      | [GA]<br>[MN]<br>[OK]<br>[WI]               | [HI]<br>[MS]<br>[OR]<br>[WY]              | [ID]<br>[MO]<br>[PA]<br>[PR] |         |

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# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already so "none" or "zero". If the transaction is an exchange offering, check this box [ ] and indicate in the co the securities offered for exchange and already exchanged.  |                                |                  |                           |
|----|--|--------------------------------|------------------|---------------------------|
|    | Type of Security   | Aggregate<br>Offering<br>Price |                  | Amount<br>Already<br>Sold |
|    | Debt   |                                | \$               |                           |
|    | Equity   |                                | . <u>~</u><br>\$ | <del></del>               |
|    | [ ] Common [ ] Preferred   | <u>-</u>                       |                  | <u> </u>                  |
|    | Convertible Securities (including warrants)  | \$                             | \$               |                           |
|    | Partnership Interests  |                                | -                | 518,225,000               |
|    | Other (Specify )   | <del></del>                    | . <u>~</u><br>\$ |                           |
|    | Total  |                                | -                | 518,225,000               |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   | 000,000,000                    | <u> </u>         | 1516,225,000              |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offer amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have paggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."   | urchased securities            | and t            | he<br>Aggregate Dollar    |
|    |  | Number<br>Investors            |                  | Amount of<br>Purchases    |
|    | Accredited Investors   | 83                             | <u> </u>         | 518,225,000               |
|    | Non-accredited Investors   |                                | _\$              | i<br>I                    |
|    | Total (for filing under Rule 504 only)   |                                | \$               |                           |
| 3. | Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this off type listed in Part C - Question 1.  | ering. Classify secu           | ritics           |                           |
|    | Type of Offering   | Type of<br>Security            |                  | Amount Sold               |
|    | Rule 505   |                                |                  | \$                        |
|    | Regulation A   |                                |                  | \$                        |
|    | Rule 504   |                                |                  | \$                        |
|    | Total  |                                | _                | \$                        |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securitie amounts relating solely to organization expenses of the issuer. The information may be given as subjet the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate and the left of the estimate a | ct to future continge          |                  |                           |
|    | Transfer Agent's Fees  | [                              | ]                | \$0                       |
|    | Printing and Engraving Costs   | [                              | x ]              | <b>\$*</b>                |
|    | Legal Fees   | [                              | x ]              | \$*                       |
|    | Accounting Fees  | [                              | хј               | <b>\$*</b>                |
|    | Engineering Fees   | [                              | )                | \$0                       |
|    | Sales Commissions (specify finders' fees separately)   | [                              | ]                | \$0                       |
|    | Other Expenses (identify)  | [                              | X }              | <u>*</u>                  |
|    | Total  |                                | X ]              | \$500,000*                |
|    | *All offering and organizational expenses are estimated not to exceed \$500,000.   | -                              | -                |                           |

| _   | C. OFFERING PRICE, NUMBER OF IN   | NVESTORS                                | S, EX             | PEN            | SES AND USE C  | F PR            | OCEI          | EDS   |
|-----|---|---|-------------------|----------------|--|-----------------|---------------|---|
|     | b. Enter the difference between the aggregate offering price given expenses furnished in response to Part C - Question 4.a. This difference issuer."  | erence is th                            | e "ad             | justeo         | l gross proceeds t                                     | o the           |               | \$599,500,000   |
| 5.  | Indicate below the amount of the adjusted gross proceeds to the is: purposes shown. If the amount for any purpose is not known, furr estimate. The total of the payments listed must equal the adjusted C - Question 4.b above. | nish an estir                           | nate              | and c          | heck the box to th                                     | ie left         | of the        |   |
|     |   |   |                   |                | Payments to<br>Officers,<br>Directors, &<br>Affiliates |                 |               | Payments to Others  |
|     | Salaries and fees   | *************************************** | [                 | ]              | \$   | ]               | ]             | \$  |
|     | Purchase of real estate   | *************************************** | [                 | ]              | \$   | [               | ]             | \$  |
|     | Purchase, rental or leasing and installation of machinery and equip   | oment                                   | [                 | ]              | \$   | [               | ]             | \$  |
|     | Construction or leasing of plant buildings and facilities   | ***********                             | (                 | }              | \$   | 1               | ]             | \$  |
|     | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the asse securities of another issuer pursuant to a merger)                                       |   | (                 | }              | \$   | ]               | ]             | \$  |
|     | Repayment of indebtedness   |   | [                 | ]              | \$   | ]               | ]             | \$  |
|     | Working capital   |   | [                 | }              | \$   | ]               | ]             | \$  |
|     | Other (specify): Investment Capital   |   | [                 | )              | \$   | ]               | х ј           | \$599,500,000   |
|     | Column Totals  Total Payments Listed (column totals added)  |   | [                 | ]              | \$ [X]   |                 | X ]<br>500,0  | \$599,500,000<br>000                                      |
|     | D FFD   | ERAL SIG                                | NΔT               | URF            |  |                 |               | <del>.</del>  |
| sig | e issuer has duly caused this notice to be signed by the undersigned on a constitutes an undertaking by the issuer to furnish to the U.S. commation furnished by the issuer to any non-accredited investor purs                 | duly author<br>Securities               | ized <sub>I</sub> | perso<br>Excha | nge Commission,  | s filed<br>upon | unde<br>writt | r Rule 505, the following<br>en request of its staff, the |
| lss | uer (Print or Type)   | Signature                               |                   |                |  | · · ·           |               | Pate  |
| Po  | rtfolio Advisors Private Equity Fund V, L.P.  | Non                                     | æ                 | h              | Kisber   | $\sim$          |               | 2/14/09   |
| Ву  | PAPEF V GP, LLC its General Partner   |   |                   | <u>)</u>       |  | )               |               |   |
| Na  | me of Signer (Print or Type)  | Title of Sign                           | ner (P            | rint c         | or Type)   |                 |               |   |
| Na  | ncy Weisberg  | Authorized                              | rized Signatory   |                |  |                 |               |   |

# ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 10001.)

| I.  | I. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?   |  |                                |  |  |  |  |  |  |  |
|-----|---|--|--------------------------------|--|--|--|--|--|--|--|
|     | See Appendix, Colu  | mn 5, for state response. Not applicable                 |                                |  |  |  |  |  |  |  |
| 2.  | The undersigned issuer hereby undertakes to furnish to (17 CFR 239.500) at such times as required by state law.   |  | e is filed, a notice on Form D |  |  |  |  |  |  |  |
| 3.  | The undersigned issuer hereby undertakes to furnish to offerees. Not applicable   | the state administrators, upon written request, informat | ion furnished by the issuer to |  |  |  |  |  |  |  |
| 4.  | Offering Exemption (ULOE) of the state in which th  | is notice is filed and understands that the issuer cla   |                                |  |  |  |  |  |  |  |
|     |   | nts to be true and has duly caused this notice to be     | signed on its behalf by the    |  |  |  |  |  |  |  |
| Iss | uer (Print or Type)   | Signature  | Date                           |  |  |  |  |  |  |  |
| Po  | rtfolio Advisors Private Equity Fund V, L.P.  | Nancy Weisberg   | 2/24/09                        |  |  |  |  |  |  |  |
| Ву  | : PAPEF V GP, LLC<br>its General Partner  | <u> </u>   |                                |  |  |  |  |  |  |  |
| Na  | offerees. Not applicable  The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. Not applicable  The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.  Signature  Portfolio Advisors Private Equity Fund V, L.P.  By: PAPEF V GP, LLC  Date |  |                                |  |  |  |  |  |  |  |
| Νlα | nay Waishara  | Authorized Signators                                     |                                |  |  |  |  |  |  |  |

E. STATE SIGNATURE

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Yes No

# **APPENDIX**

| PORTFOLIO ADVISORS PRIVATE EQUITY FUND V, L.P. |   |                          |  |                                      |                                 |   |        |     |          |  |
|--|---|--------------------------|--|--------------------------------------|---------------------------------|---|--------|-----|----------|--|
| 1  | 2   |                          | 3  |                                      | 4                               |   |        | 5   |          |  |
|  | Intend to<br>non-acc<br>invest<br>Sta<br>(Part B- | redited<br>ors in<br>ite | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of i                            | nvestor and amou<br>(Part C-Ite | Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |        |     |          |  |
| State  | Yes   | No                       | Limited Partnership Interests \$600,000,000                                    | Number of<br>Accredited<br>Investors | Amount                          | Number of Non- Accredited Investors   | Amount | Yes | No       |  |
| AK   |   |                          |  |                                      |                                 |   |        |     |          |  |
| AL   |   |                          |  |                                      |                                 |   |        |     |          |  |
| AR   |   |                          |  |                                      |                                 |   |        |     |          |  |
| AZ   |   | Х                        | X  | 1                                    | \$500,000                       | 0   | 0      |     |          |  |
| CA   |   | х                        | Х  | 5                                    | \$6,300,000                     | 0   | 0      |     |          |  |
| СО   |   | Х                        | х  | 1                                    | \$1,000,000                     | 0   | 0      |     |          |  |
| СТ   |   | Х                        | Х  | 2                                    | \$129,500,000                   | 0   | 0      |     |          |  |
| DC   |   |                          |  |                                      |                                 |   |        |     |          |  |
| DE   |   |                          |  |                                      |                                 |   |        | -   |          |  |
| FL   |   | X                        | X  | 3                                    | \$1,900,000                     | 0   | 0      |     |          |  |
| GA   |   | Х                        | X  | 2                                    | \$50,000,000                    | 0   | 0      |     |          |  |
| НІ   |   |                          |  |                                      |                                 |   |        |     |          |  |
| IA   |   |                          |  |                                      |                                 | <u></u>   |        |     |          |  |
| ID   |   | X                        | X  | 1                                    | \$12,000,000                    | 0   | 0      |     |          |  |
| IL   |   | Х                        | X  | 3                                    | \$3,000,000                     | 0   | 0      |     |          |  |
| IN   |   | Х                        | X  | 1                                    | \$17,500,000                    | 0   | 0      |     |          |  |
| KS   |   |                          |  |                                      |                                 |   |        |     |          |  |
| KY   |   |                          |  |                                      |                                 |   |        |     |          |  |
| LA   |   |                          |  |                                      |                                 |   |        |     |          |  |
| MA   |   | Х                        | X  | 16                                   | \$14,845,000                    | 0   | 0      |     |          |  |
| MD   |   | Х                        | X  | 1                                    | \$1,000,000                     | 0   | 0      |     |          |  |
| ME   |   | X                        | X  | 1                                    | \$400,000                       | 0   | 0      |     |          |  |
| MI   |   |                          |  |                                      |                                 |   |        |     |          |  |
| MN   |   | X                        | X  | 4                                    | \$6,000,000                     | 0   | 0      |     | İ        |  |
| MO   |   |                          |  |                                      |                                 |   |        |     |          |  |
| MS   |   |                          |  |                                      |                                 |   |        |     |          |  |
| MT   |   | v                        | v  | 4                                    | £2.600.000                      |   | 0      |     |          |  |
| NC<br>ND                                       |   | X                        | X  | 4                                    | \$2,600,000                     | 0   | 0      |     |          |  |
| ND   | <u> </u>  | <u> </u>                 |  |                                      |                                 |   |        |     | <u> </u> |  |

### **APPENDIX**

PORTFOLIO ADVISORS PRIVATE EQUITY FUND V, L.P. 5 2 ١ 3 Not Applicable Disqualification under State ULOE Type of security Intend to sell to non-accredited and aggregate (if yes, attach offering price explanation of investors in offered in state Type of investor and amount purchased in State waiver granted) State (Part C-Item 1) (Part E-Item 1) (Part B-Item 1) (Part C-Item 2) Limited Number of Partnership Non-Number of Interests Accredited Accredited \$600,000,000 Investors Yes No Investors Yes No State Amount Amount NE NH X X \$750,000 0 0 NJ 1 NM X NV X 1 \$1,500,000 0 0 NY X X 1 \$400,000 0 0 OH X X 2 \$10,250,000 0 0 X X 0 OK 1 \$3,000,000 0 X  $\mathbf{X}$ 3 0 0 OR \$2,450,000 X X 5 PA \$8,750,000 0 0 PR RΙ X SC X 1 \$500,000 0 0 SD \$600,000 0 TN X  $\mathbf{X}$ 1 0 X 9 \$110,750,000 0 0 TXX  $\mathbf{X}$ \$90,000,000 0 UT X 1 0 X VA X 2 \$1,200,000 0 0 VΙ VT WA X X 7 \$5,750,000 0 0 WI X Х 2 \$30,780,000 0 0 WVWY X X 1 \$5,000,000 0

